

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/18/03.

I. DISPUTE

Whether reimbursement in the amount of \$94.90 is recommended for the CPT codes and dates of service listed below. The carrier denied services as "G-Included in Global."

II. RATIONALE

Requestor billed \$36.00 for CPT code 95851 carrier made no payment and denied services global for date of service 09/11/02. CPT code 95851 is not global to any primary procedure on this date of service. Relevant information supports the delivery of services per the MFG. Therefore, reimbursement is recommended in the amount of **\$36.00**.

Requestor billed \$43.00 for CPT code 97750-MT carrier made no payment and denied services as "G" for date of service 09/12/02. CPT code 97750-MT is not global to any other procedure on this date of service. Relevant information supports the delivery of services per the MFG. Therefore, reimbursement is recommended in the amount of **\$43.00**.

Requestor billed \$35.00 for CPT code 97122 carrier made payment in the amount of \$19.10 and denied services as "F" for date of service 10/02/02. Relevant information supports the delivery of services per the MFG.

Therefore, additional reimbursement is recommended in the amount of **\$15.90**.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97122, 95851 and 97750-MT. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$94.90** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 5th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb